City of Greenville

411 South Lafayette Greenville, MI 48838
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APPLICATION - ZONING PERMIT

Important: Applicant MUST Complete ALL items in sections (where applicable)

I. Location of Building

At (Location): _____ 052- ___ - ___ - ___

No. Street Parcel #

II. Information on Proposed Work - *All Applicants Complete Parts A-D*

A. Zone

- ☐ R-1
- ☐ R-2
- ☐ R-3
- ☐ MHP
- ☐ PUD
- ☐ O-1
- ☐ C-1
- ☐ C-2
- ☐ C-3
- ☐ Ind
- ☐ INDZ
- ☐ Hospital
- ☐ MUD
- ☐ NLZD

B. Ownership

- ☐ Private (Individual, corporation, nonprofit, institution, etc.)
- ☐ Public (Federal, State, or local government)

D. Proposed Work - FY (front yard), SY (side yard, RY (rear yard)

1. ☐ New Building
   FY Setback _____, SY Setback _____, RY Setback _____
2. ☐ Addition
   FY Setback _____, SY Setback _____, RY Setback _____
3. ☐ Repair/Replacement/Renovation
4. ☐ Fence/Non-corner Lot - Fence material(s) _____
   FY Height _____, SY Height _____, RY Height _____
   I have read and understand the fence ordinance ☐ Yes
5. ☐ Fence/Corner Lot - Fence material(s)_____
   FY Height _____, SY Height _____
   I have read and understand the fence ordinance ☐ Yes
6. ☐ Garage, Attached Total Square Feet _____
   FY Setback _____, SY Setback _____, RY Setback _____
7. ☐ Garage, Detached Total Square Feet _____
   FY Setback _____, SY Setback _____, RY Setback _____
8. ☐ Accessory Building Total Square Feet _____
   SY Setback _____, RY Setback _____
9. ☐ Demolition
   I have read and understand the demolition ordinance ☐ Yes

C. Building Use - Place size of structures under letter D

Residential Use

- ☐ Single Family
- ☐ Two Family
- ☐ Multiple Family - #Units _____
- ☐ Addition
- ☐ Mobile Home - Lot # _____
- ☐ Garage, Attached
- ☐ Garage, Detached
- ☐ Accessory Building

Non-Residential Use/Commercial Use/Industrial Use

Describe use of building below (ex. restaurant, office, medical, etc.):

Temporary/Seasonal Use? (Y/N)

Describe the temporary/seasonal use and proposed start/end dates:

III. Items needed for approval

E. Provide items below depending on project

- ☐ Drawing of new building showing size and all setbacks
- ☐ Drawing of new fence showing height and placement in relation to house with property line shown

IV. Identification: *To be completed by all applicants*

	Mailing Address (Number, Street, City, & State)	Zip Code	Telephone No.
Name of Owner or Leasee:			
Name of Contractor:			

I hereby certify that the proposed work is authorized by the owner of record and make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant — Application Date

Address

You must submit your Zoning Approval to Imperial Municipal Services to receive a Building Permit.

DO NOT WRITE BELOW THIS

Zoning approved for use applied for when signed

Approved by: _____

Signature of Zoning Administrator

Or Authorized Zoning Assistant when applicable

Approved by: _____

Signature of Authorized Zoning Assistant

☐ **Proof of ownership has been verified**

Comments: